



State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

LC014373791
Date Filed: 5/4/2023
John R. Ashcroft
Missouri Secretary of State

Statement of Change of Registered Agent and/or Registered Office By a Foreign or Domestic For Profit or Nonprofit Corporation or a Limited Liability Company

Instructions

1. This form is to be used by either a for profit or nonprofit corporation or a limited liability company to change either or both the name of its registered agent and/or the address of its existing registered agent.
2. There is a \$10.00 fee for filing this statement.
3. PO Box may only be used in conjunction with a physical street address.
4. Agent and address must be in the State of Missouri.
5. The corporation may not act as its own agent.

Charter #: LC 014373791

1. The name of the business entity is Basso Family LLC
2. The address, including street and number, of its present registered office (before change) is
12747 Olive Blvd STE 300A ST. LOUIS MO 63141
Address City/State/Zip
3. The address, including street and number, of its registered office is hereby changed to:
2821 North Ballas Rd. STE C15 ST. LOUIS MO 63131
Address (PO Box may only be used in conjunction with a physical street address) City/State/Zip
4. The name of its **present** registered agent (before change) is: Legal Inc Corporate Services Inc.
5. The name of the **new** registered agent is: Douglas Basso

Authorized signature of new registered agent must appear below:

Douglas Basso
(May attach separate originally executed written consent to this form in lieu of this signature)

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.
7. The change was duly authorized by the business entity named above.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Douglas Basso
Authorized signature of officer, member, manager or, if applicable, chairman of the board

Douglas Basso
Printed Name

Manager
Title

5-2-23
Date

Name and address to return filed document:

Name: Douglas Basso
Address: 2821 N. Ballas Rd. STE C15
City, State, and Zip Code: ST. LOUIS MO 63131

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Change Agent/Address